



CITY OF MIAMI GARDENS

Human Resources Department

18605 NW 27th Avenue, Miami Gardens, Florida 33056

Telephone (305) 914-9010 **Fax** (305) 474-1286

<http://www.miamigardens-fl.gov/human/index.html>

HR Use Only

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DNQ

Veterans' Preference Points: _____

Residence's Preference Points: _____

Hire Date: _____

RECRUITMENT NOTICE:

As an employer, the City of Miami Gardens will not permit discrimination because of race, color, handicap, creed, religion, ancestry, national origin, sex, age, genetics, marital status, or political affiliation. We make every effort to employ individuals who are best qualified. Veterans Preference shall be given as provided by Chapter 295, Florida Statute. Resident Preference shall be given in accordance with the City of Miami Gardens Ordinance No. 2010-27-235. The City of Miami Gardens is an Equal Opportunity Employer and supports a Drug-Free Workplace environment. All applicants who are selected for employment must submit to substance testing.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please print in blue/black ink or type all information. This application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applications and any additional information or documents you wish to submit may be sent to the Human Resources Department via fax or U.S. mail or delivered in person. All materials submitted become the property of the City and will not be returned.

1. POSITION APPLYING FOR:

(One Per Application)

Minimum Salary Expected: \$

If hired, when can you start?

2. NAME: (Last)

(First)

(Middle)

3. ADDRESS: (Street & Apt./Unit/P.O. Box)

(City)

(State)

(Zip Code)

4. EMAIL ADDRESS:

5. HOME PHONE:

CELL PHONE:

WORK/OTHER PHONE:

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6. EMPLOYMENT ELIGIBILITY:

Are you a United States Citizen? Yes ☐ No ☐

If not, are you eligible for employment in the United States? Yes ☐ No ☐

7. PERSONAL DATA:

Are you at least 18 years of age? Yes ☐ No ☐

Have you complied with the Federal Service Registration Act (Draft Registration) requirement? N/A ☐ Yes ☐ No ☐

Have you worked for the City of Miami Gardens before? Yes ☐ No ☐ If yes, Department:

Dates of Employment:

Name, if different than above:

Do any of your relatives work for the City of Miami Gardens? Yes ☐ No ☐ If yes, give name, relationship and department which relative(s) work :

Driver License Number

Expiration Date

State

Class or Type

Has your license ever been suspended or revoked? Yes ☐ No ☐ If yes, please provide dates and explain:

8. BACKGROUND INFORMATION: A Yes or No answer is required for both questions below. "Yes" responses do not necessarily disqualify an applicant from consideration and will be evaluated on a case by case basis.		
(a) Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation; or are there any criminal charges now pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list date, place and disposition of case(s):		
(b) Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, state the nature of the injury claimed, and the current status/disposition of the claim, action, or lawsuit.		
9. EDUCATION	Name of School and Location	
High School or GED		Circle last year completed 9 10 11 12 GED
		Diploma received? Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University		Number of Years Completed _____
		Degree Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Major:
Graduate School		Number of Years Completed _____
		Degree Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Major:
Business, Vocational, Technical or Military		Number of Years Completed _____
		Certification Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Type of Certification:
10. SKILLS - Technology	Please indicate your skill level below. Computer software competency level <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Expert Computer hardware competency level <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
11. SKILLS - Language Proficiency (Speak, read and write)	Please indicate your skill level below. English <input type="checkbox"/> Limited <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced Spanish <input type="checkbox"/> Limited <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced Other <input type="checkbox"/> Limited <input type="checkbox"/> Proficient <input type="checkbox"/> Advanced	
12. SKILLS – Certifications/Licenses:		
13. SKILLS – Other:	Please list other education, training, volunteer work or relevant experience.	

14. MOST CURRENT/RECENT EMPLOYMENT HISTORY: List most recent employer FIRST. If applicable, represent at least 10 years of employment. Please account for periods of non-employment greater than 90 days. Include service in U.S. Armed Forces and any self-employment. *“See Resume” is not acceptable for this section.* If additional space is needed, attach a separate sheet.

From Mo. Yr.	To Mo. Yr.	Employer Name:	Employer Telephone #
Full Time ____	Part Time ____	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

15. PREVIOUS EMPLOYMENT HISTORY: List most recent employer FIRST. If applicable, represent at least 10 years of employment. Please account for periods of non-employment greater than 90 days. Include service in U.S. Armed Forces and any self-employment. *“See Resume” is not acceptable for this section.* If additional space is needed, attach a separate sheet.

From Mo. Yr.	To Mo. Yr.	Employer Name:	Employer Telephone #
Full Time ____	Part Time ____	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

From Mo. Yr.	To Mo. Yr.	Employer Name:	Employer Telephone #
Full Time ____	Part Time ____	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

From	To	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time ____	Part Time ____	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

From	To	Employer Name:	Employer Telephone #
Mo. Yr.	Mo. Yr.		
Full Time ____	Part Time ____	Address:	
Starting Salary	Ending Salary	Your Title:	
Supervisor Name & Title		May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Specific Duties			
Number of Employees Supervised (if applicable)		Reason for Leaving:	

16. REFERENCES: List three (3) personal references who are not relatives or former employers.			
Name	Address	Telephone Number(s)	Years Known

EXEMPTION FROM PUBLIC RECORDS LAW

Florida Statue 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel, correctional and correctional probation officers, Department of Children and Family Services or Department of Health investigative personnel, Department of Revenue or local government revenue collection and enforcement or child support enforcement personnel, certified firefighters, Justices of Supreme Court, district court of appeal judges, circuit court judges, county judges, current or former state and U.S. attorneys, assistant U.S. and state attorneys, statewide prosecutors or assistant statewide prosecutors, current or former judges of U.S. Courts of Appeal, district and magistrate judges, code enforcement officers, current or former human resources, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties, current or former public defender, assistant public defender, criminal conflict and civil regional counsel, current or former guardians ad litem and the spouses and children of any of the aforementioned.

Do you qualify for this exemption? No ☐ Yes ☐

If yes, List exempt position(s) _____

VETERANS' PREFERENCE

The City of Miami Gardens awards perpetual Veterans Preference for employment, promotion, and retention of veterans for positions in the classified service in accordance with Florida Administrative Code 55A-7, Florida State Statute 1.01 (14), F.S.S 295.07, and Chapter 2003-42 Laws of Florida. Veterans' Preference is not applicable for certain exempt classifications. Please see Florida Administration Code 55-A-7, Florida State Statue Chapter 1.01(14) and 295.07, and Chapter 2003-42 Laws of Florida.

_____ I am claiming Veterans Preference (Please complete and attached an Application for Veterans Preference Form)

_____ I am not claiming Veterans Preference

_____ Not applicable

NOTICE TO APPLICANTS: Applicants wishing to assert Veterans' Preference must complete the Application for Veterans' Preference and turn it in to the Human Resources Department with a copy of a DD214 form, equivalent certification and/or other applicable documentation as required, at the time employment application is submitted.

RESIDENT PREFERENCE

In accordance with the City of Miami Gardens Ordinance No. 2010-27-235, City of Miami Gardens residents receive preference for the purpose of employment opportunities.

_____ I am claiming Resident Preference (Please complete and attach Resident Preference Form)

_____ I am not claiming Resident Preference

_____ Not applicable

NOTICE TO ALL APPLICANTS: Applicants wishing to claim Resident Preference must complete and provide Proof of Residency (and supporting documents) and Certificate of Residence forms to the Human Resources Department at the time of application.

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may result in the disqualification of my application, withdrawal of an offer of employment, and/or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application for employment does not guarantee employment or job availability. I further understand that, should an offer of employment be extended by the City of Miami Gardens and/or accepted that such employment is at will and does not create a contractual obligation upon the City of Miami Gardens to continue to employ me in the future.

I understand unsatisfactory results from; refusal to cooperate with; or any attempt to affect the results of these pre-employment tests and checks at any time during the application process will result in disqualification of my application, withdrawal of any employment offer and/or termination of employment if already employed.

By signing this application, I hereby authorize the City of Miami Gardens to conduct an extensive background screening necessary to establish my eligibility to proceed in the selection process. This background screening may include verification of my work history, criminal background, driving history, conviction record and to establish my identity and eligibility under the Immigration Reform and Control Act 1986. I authorize any and all schools (past and present), employers (past and present), professional and personal references, local, state, and federal law enforcement, and local, state district, federal courts and/or which have information regarding my personal background to release such information to the City of Miami Gardens and/or any of its representatives, agents or vendors. I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that if offered a position with the City of Miami Gardens, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. Additional tests, as deemed necessary by the City, may be required as a condition of employment. These may include, but are not limited to, Polygraph test – for public safety personnel or personnel required to handle money; psychological profile – law enforcement personnel; driver license and credit checks.

Persons selected for employment must take a Loyalty Oath as per Florida Statute 876.05 and establish identity and employment eligibility under the Immigration Reform and Control Act 1986.

Applicant Signature

_____/_____/_____
Date



CITY OF MIAMI GARDENS EQUAL EMPLOYMENT DATA SHEET

FOR STATISTICAL USE ONLY

Your **voluntary** completion of this form will assist the City of Miami Gardens in compiling required information for Equal Employment Opportunity (EEO). This data will not be kept with the application form, nor used in the decision to hire. The City of Miami Gardens is an Equal Employment and Drug-Free employer. We do not discriminate on the basis of race, color, handicap, creed, religion, ancestry, national origin, sex, age, genetics, marital status, or political affiliation. Please complete this data sheet and return with your employment application.

Name:

Position Applied For:

Date of Application:

ETHNIC DATA: (Check Only One)

☐ **White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

☐ **Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa

☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands

☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

GENDER DATA:

☐ **F** (Female)

☐ **M** (Male)

HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check Only One)

☐ City Web Site

☐ Community Outreach Agency

☐ State Unemployment Office

☐ City Human Resources Dept.

☐ Job Fair

☐ Professional Journal (Name):

☐ City Employee

☐ Radio Announcement (Station):

☐ High School/College (Name):

☐ Friend (not a City employee)

☐ Newspaper (Name):

☐ Source other than those listed: